



For Authority Use Only
Accepted for the KPEDCA
By _____
Effective Date _____

Change of Address

New Address

Acct # or SS # _____
Name _____
Address _____
City/State/Zip _____
Home Phone _____ Work Phone _____ Cell _____
Email Address _____

Previous Address

Address _____
City/State/Zip _____

Signature

Date

Fax or mail your change of address request to Kentucky Deferred Comp:

101 SEA HERO RD SUITE 110
FRANKFORT KY 40601-5404
Fax (502) 573-4494

NRN-0987KY-KY-0215